



STATE OF TENNESSEE
Department of Commerce and Insurance
BOARD OF EXAMINERS FOR LAND SURVEYORS
500 James Robertson Parkway
Nashville, TN 37243-1146
615-741-3611
www.tn.gov/regboards/surveyors

Date _____

Name and Address of Reference

Name _____

Address _____

City _____ State _____ Zip _____

Applicant Name and Address

Name _____

Address _____

City _____ State _____ Zip _____

Applicant has applied to this Board for licensure to practice **Land Surveying** under the provisions of Chapter 18 of the General Statutes entitled "The Tennessee Land Surveyors Laws and Regulations."

The Board requires that the applicant submit evidence of education and experience in land surveying work, of a progressive nature and level acceptable to the Board, in addition to successfully completing the required written examinations. The Board also requires that the applicant submit the names of five (5) individuals, three (3) of whom are professional land surveyors or individuals acceptable to the board, who are thoroughly familiar with the applicant and who have personal knowledge of the applicant's land surveying experience, and who are willing to give conscientious and accurate testimony concerning experience, competency, and character.

The above-named applicant informs this Board that you are familiar with the candidate's character, reputation, and general ability, and are in a position to validate the extent of the applicant's responsibility in land surveying work with which the applicant has been connected.

In light of the above, the Board of Examiners solicits your assistance in determining the applicant's fitness for licensure by answering frankly, carefully, and fairly, and to a degree commensurate with your thorough knowledge of the applicant's demonstrated ability, the questions on the following page.

This form is being supplied to you directly by the applicant, and you should mail this form directly to the Board office.

Please submit this form *directly to the Board*

INFORMATION CONCERNING LAND SURVEYOR APPLICANT

Applicant's Name _____

1. What is your personal and/or business relationship to the applicant? _____
2. As a reference for this applicant, state your profession. _____
3. In what state(s) are you licensed to practice land surveying? _____
4. I have known the applicant personally and have knowledge of the candidate's surveying work(month/year):

From _____ To _____

5. In your opinion, has the applicant had sufficient responsibility in:

☐ Boundary Surveys, ☐ Control Surveys, ☐ Mapping, ☐ Surveying Computations, or
☐ other to justify licensure as a Professional Surveyor?

6. Indicate your opinion as to the applicant's potential to practice surveying by placing an "X" in the appropriate spaces below. If an "inadequate" box is checked, please attach a note of explanation to this form.

PHASE OF ACTIVITY	EXCELLENT	GOOD	SATISFACTORY	INADEQUATE	UNKNOWN
Technical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you know of any instance where the applicant was guilty of unethical or illegal conduct? _____

8. Would you entrust the applicant with responsibility for an important land surveying project involving the welfare and safety of the public? _____

9. Would you recommend the licensure of applicant when experience and examination requirements have been satisfactorily completed? _____

10. Please state other information regarding the applicant. _____

Did you authorize the applicant to use your name as a reference? YES ☐ NO ☐

Additional information in letter form which would amplify or clarify and assist the Board in evaluating the applicant's experience record is solicited. If you object to the applicant being licensed, you should be willing to give testimony to support denial of licensure by the Board.

Signature _____ Date _____
(Please affix seal with signature if Professional Land Surveyor)

If Professional Land Surveyor, State of Licensure _____ License No. _____